DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
TENENT ONLE I WINDING ADMINISTRATION	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	02-04 —	Kentucky	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	04/01/02		
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN □ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each a	mendment)	
6. FEDERAL STATUTE/REGULATION CITATION:		7.8 million) 8 million)	
42 CFR 447.331 through 447.334  8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER: OR ATTACHMENT (If Applicable):	SEDED PLAN SECTION	
Attachment 4.19 - B, page 20.1	Attachment 4.19 - 8, pa	ge 20.1	
10. SUBJECT OF AMENDMENT:			
Reinbursement for Orugs	# No.		
11. GOVERNOR'S REVIEW (Check One):			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECIFIED:	·	
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Delegated to Commissio		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
13. TYPED NAME:	Frances McGraw		
iike_Robinson	Dept. for Medicaid Service	Dept. for Medicaid Services 275 E. Main Street	
Commissioner 15. DATE SUBMITTED:	Frankfort, KY 40621	,	
4/11/02			
17. DATE RECEIVED:  The 11 2002	AUXUST 12, ZUUZ	an pagaway 2 2022	
PLAN APPROVED - C	INE COPY ATTACHED		
	20 SIGNATURE OF REGIONAL OFFICE		
21. TYPED NAME:	22, TILE: Associate Regional	Administrator	
Phonds R. Cottrell 23 REMARKS:	Division of Medigate	MORE CONTRACTOR	
Activities and the restriction of the section of th		neces well kan sware	
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#### I. <u>Drugs</u>

#### A. Reimbursement

- Participating pharmacies are reimbursed for the cost of the drug plus a dispensing fee. Payments shall not exceed the upper limits specified in 42 CFR 447.331 through 447.334
- 2. Participating dispensing physicians are reimbursed for the cost of the drug only.
- 3. Providers will be reimbursed only for drugs supplied from pharmaceutical manufacturers who have signed a rebate agreement unless the Department has determined that it is in the best interest of Medicaid recipients to make payment for non-rebated drugs.
- B. <u>Payment Limits</u> Payment for the cost of drugs shall be the lesser of:
  - The Federal Maximum Allowable Cost (FMAC) of the drug for multiple source drugs other than those brand name drugs for which a prescriber has certified in writing as "brand medically necessary" or "brand necessary";
  - 2. The Estimated Acquisition Cost (EAC) of the drug that has been established by the Department to be equal to the average wholesale price (AWP) minus twelve (12) percent; or,
  - 3. The provider's usual and customary charge.

TN No. <u>02-04</u> Supersedes TN No. <u>01-04</u>

AUG 1 2 2002 Approval Date: 4/01/02

Attachment 4.19-B

Page 20.1

### Methods and Standards for Establishing Payment Rates - Other Types of Care

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